

7301: HEAD LICE (AP)

Approved: 02 04 23

POLICY

The Board of Education recognizes that the occurrence of Head Lice on students is usually not a physical health risk, rather is a hygiene and social issue that requires treatment by parents/guardians with assistance from Public Health agencies and the school district.

The regulation to this policy is intended to provide guidance to parents/guardians and school district employees for the detection and treatment of Head Lice on students.

ADMINISTRATIVE PROCEDURES

1.0 INTENT OF THE POLICY

The intent of this policy to provide guidance to parents/guardians and school district employees for the detection and treatment of Head Lice on students.

2.0 HEAD LICE DESCRIBED

Head Lice are tiny insects, about the size of a sesame seed, that live only on the human head. Head Lice cannot jump or fly, but move very quickly on dry hair making them difficult to see. Mature Head Lice lay 10 eggs (called nits) each day, and “glue” the nit to hair very close to the scalp. Nits vary in colour and look similar to dandruff but cannot be brushed or blown away. The nit shell remains attached to hair after hatching. A nit found more than ½ inch from the scalp is likely an empty egg-shell. A nit hatches as a baby louse 7 to 10 days after it is laid and becomes an adult in another 7 to 10 days. An adult has a life span of approximately 20 days. At the adult stage the louse mates, lays eggs and moves to other heads.

3.0 DETECTION AND SPREADING

Head Lice are difficult to see, so having Head Lice is often confirmed when:

- i.) your child is scratching their head more often than usual,
- ii.) your child’s playmates are known to have Head Lice,
- iii.) you receive a note from the school that Head Lice has been detected in the school,

- iv.) shampooing, rinsing and combing your child's hair you detect the presence of lice and/or nits.

There are many myths how Head Lice spread from one person to another. Head Lice do not live long when off the head, so spreading from body clothing and bedding is very rare. The most common method of spreading Head Lice is direct head-to-head contact during play or activities where children are in close contact such as group reading. Sharing personal items such as hats, caps, toques, combs and brushes, also spreads Head Lice.

4.0 TREATMENT METHOD

There are many treatment methods and there is not a preferred method in the medical community. The basic method is to remove the lice and unhatched nits from the head. Because Head Lice do not move quickly when the hair is wet, The Port Alberni Health Unit recommends a simple treatment involving a normal shampoo, plenty of inexpensive regular conditioner or crème rinse, and thorough combing with a fine-toothed lice comb while the conditioner is on the hair. The Health Unit has brochures, videos and other information to fully explain this treatment method.

5.0 TREATMENT RESPONSIBILITY

Parents or Guardians are responsible for treating Head Lice. However, it is recognized that children will come to school with Head Lice and the school district will provide support to the parent/guardian to rid the students of Head Lice.

Teachers and/or Principals shall advise the parent/guardian if lice are detected on the student's head. Information, including information from the Health unit will be made available to the parent/guardian. The Health Unit is available to assist parents/guardians with effective treatment techniques. The school district has volunteers and staff available to assist parents/guardians, and where the parent/guardian has given permission may perform treatments to the child while at school.

6.0 ATTENDANCE AT SCHOOL

Head Lice is not normally a physical health risk, but serious cases can result in a bleeding and infected scalp as a result of excessive scratching. The presence of lice, and in particular the more visible nits, is more often a social issue. Chronic or repeat infestations can be very alarming to the child, other students in the class or school, the parent/guardian, other parents/guardians, teachers and other school staff.

A student with Head Lice should be restricted from attending school only as a last resort. Only after meaningful attempts to treat the child, including discussions with and treatments by the parent/guardian, referral to the Health Unit or other appropriate agency,

intervention and assistance from the treatment volunteer or staff, should a student be restricted from attending school.